

CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER
0042001-00415

PRODUCER

Marsh USA Inc.
1000 Ridgeway Loop Road
4th Floor
Memphis, TN 38120
Carol Kincaid

0008

901/684-3667

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

COMPANIES AFFORDING COVERAGE

COMPANY

A ZURICH AMERICAN INS. CO.

COMPANY

B WESTCHESTER FIRE INS CO

COMPANY

C

COMPANY

D

INSURED

U. S. Fuel Company
& Ms. Millie Workman
8285 Tournament Dr., Suite 150
Memphis, TN 38125

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	GL0834442601	4/01/00	4/01/01	GENERAL AGGREGATE \$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				PERSONAL & ADV INJURY \$ 900,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	\$100,000 SELF-INSURED RETENTION			EACH OCCURRENCE \$ 900,000
	<input checked="" type="checkbox"/> Broad Form				FIRE DAMAGE (Any one fire) \$ 900,000
	<input type="checkbox"/> Vendors Coverage				MED EXP (Any one person) \$ EXCLUDED
A	AUTOMOBILE LIABILITY	BAP834442401	4/01/00	4/01/01	COMBINED SINGLE LIMIT \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	TAP834442501 TX	4/01/00	4/01/01	BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE \$
	<input checked="" type="checkbox"/> HIRED AUTOS				
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
B	EXCESS LIABILITY	CUS201892	4/01/00	4/01/01	EACH OCCURRENCE \$ 25,000,000
	<input checked="" type="checkbox"/> UMBRELLA FORM				AGGREGATE \$ 25,000,000
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC834442701	4/01/00	4/01/01	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	WC834442801	4/01/00	4/01/01	EL EACH ACCIDENT \$ 1,000,000
	<input type="checkbox"/> INCL				EL DISEASE - POLICY LIMIT \$ 1,000,000
	<input type="checkbox"/> EXCL				EL DISEASE - EA EMPLOYEE \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS

STATE OF UTAH MINING PERMIT ACT/007-II-HIWATHA COMPLEX MINES LISTED AS #4-#42-00098; #5-#42-01389 AND #6-#42-01599

CERTIFICATE HOLDER

STATE OF UTAH
DIVISION OF OIL, GAS & MINING
1594 WEST NORTH TEMPLE, #1210
SALT LAKE CITY, UT 84114-5801

CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

Marsh USA Inc.
BY:

Carol Kincaid
Notified on 4/11/2000 that this is no longer needed for U.S. Fuel.
Douglas Pera

JHMM1 (2/98)

VALID AS OF: 3/31/00